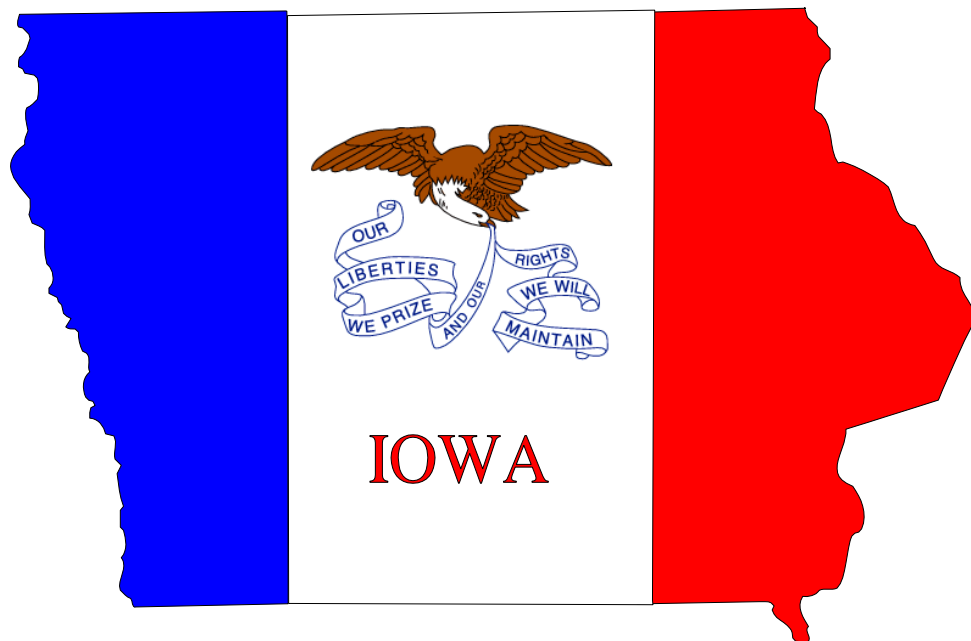


PRESCRIPTION AND OVER-THE-COUNTER DRUG ABUSE ROUNDTABLE

“From Farming to Pharming”

November 17, 2004



FINAL REPORT

Iowa faces an array of drugs of abuse; many have confronted us for decades. Through prevention, law enforcement and treatment efforts, we have developed and implemented strategies for dealing with drugs such as marijuana, cocaine, and alcohol. And we continue to learn more about how to address the significant threat that methamphetamine poses to the health and safety of Iowans.

A related threat is the increase in the nonmedical abuse of prescription and over-the-counter pharmaceuticals. In the 2003 National Survey on Drug Use and Health, 31 million Americans indicated that they had used a pain reliever for nonmedical reasons.

Diversion of these legitimate drugs is fueled in part by easy access over the Internet. The most notable abuse is found with opiate-based pain relievers, CNS depressants, and stimulants, but there is also evidence of abuse of over-the-counter medications such as cough suppressants containing dextromethorphan (DXM). As with any drug, abuse of prescription and over-the-counter pharmaceuticals may cause physical and psychological problems for the user, including addiction; and it negatively affects the community-at-large.

On November 17, 2004, a group of 33 professionals representing diverse disciplines gathered in Des Moines to discuss the nature and scope of this emerging issue and identify preventive actions steps.

Many concerns about prescription and OTC drug abuse were shared by participants including the need for an electronic data base to track prescription drug sales, Internet access to pharmaceuticals, education for the medical community and parents, the large senior population in Iowa and their use of these drugs, and a concern that this issue is larger than it may appear.

According to studies conducted by the Partnership for a Drug-Free America (PDFA), attitudes drive behavior. The amount of perceived risk people have towards taking a drug directly influences their behavior. Tom Hedrick, Director and Founding Member, PDFA, stated in a presentation to the Roundtable audience that there is a move, particularly among youth, to turn to prescription and OTC drugs to get high. There are several reasons for this: the perceived risk of abusing these substances is lower than with other drugs; aggressive marketing builds consumer awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and that messages about "appropriate" use do not educate people about the negative consequences. This trend toward "pharming" (any synthetic drug) suggests that we should move to a more proactive, holistic prevention approach that focuses on individual behavior rather than the drugs themselves. It also suggests that people in general, but in particular parents and other adults who can influence youth, need to have accurate information about the dangerous consequences of misuse or abuse of these drugs, and they need to significantly improve the quantity and quality of their communication about this issue.

Prescription and OTC drug abuse is not a new issue, but with access via the Internet it is becoming a more visible problem across the United States. This is a particularly troubling issue due to the ease with which children can purchase these drugs. The Center on Addiction and Substance Abuse at Columbia University (CASA), in cooperation with Beau Dietl & Associates (BDA), is in the process of conducting a study on prescription drug abuse in America. A white paper released in February 2004 reported some alarming findings regarding the availability of prescription drugs via the Internet. The unusual step to release information prior to the completion of the study was taken in an effort to alert people, in particular parents, to this threat.

BDA conducted a systematic examination of the availability of prescription drugs on the Internet between January 15 and January 22, 2004. During this one-week period, BDA identified a total of 495 Web sites offering Schedules II-V controlled prescription drugs; 68 percent were portal sites –Web sites that act as a conduit to another Web site which sells the drugs, and 32 percent were anchor sites where the customer purchases the drugs. Controlled prescription drugs available on line include opioids, CNS depressants, and stimulants. According to the research done by BDA, only six percent of the sites selling drugs required a prescription to either be mailed (two percent) or faxed (four percent); there were no mechanisms in place to block children from purchasing these drugs; and, of the sites selling drugs, 47 percent indicated they would be coming from outside the U.S., 28 percent indicated that the drugs would be shipped from a U.S. pharmacy and 25 percent did not indicate where the drugs would come from.

This ease of access has great implications for both public health and public safety.

This information, coupled with another study conducted by CASA in 2000 regarding physicians and patients with substance abuse, which found that over 40% of physicians report having difficulty discussing drug abuse, including abuse of prescription drugs, with their patients, speaks to the potency of this issue.

In an effort to begin addressing the concerns raised, Roundtable participants formed three small groups to discuss what primary interventions if any, need to be considered immediately; and what actions can be taken now to prevent escalation of this problem in Iowa.

There was general consensus among the groups that consistent messages and credible, research-based education and awareness were keys to preventing prescription and OTC drug abuse. Education was defined broadly to include physicians and other healthcare providers, parents and those who work with children, senior citizens, and the public-at-large. This education would focus on the negative consequences associated with abuse of these drugs and might involve the use of media to get the message to a broad audience. It was also suggested that education be woven into existing programs such as Character Counts, DARE, drug-free coalitions or mentoring programs.

Another key theme among the groups was the need to address Internet availability of drugs. While there are no simple answers to this problem, working with the shipping companies to better monitor their cargo, integrating drug databases to more closely monitor transactions, and using an Internet counter-strategy to promote accurate messages about prescription and OTC drug abuse were suggested.

Attachment A outlines the small group discussions and the recommendations from each.

At the close of the session the group also agreed that it was important to keep the conversation about prescription and OTC drug abuse going, and nearly all in attendance volunteered to serve on a working group to further study this issue.

Group 1:

PRIMARY INTERVENTIONS

- Message to Parents – Adult Role Models
 - General Public
 - Physicians
 - Faith Community
 - Creating awareness of problem
 - Mentoring
- Role of Schools – Consistency
- Messages/working relationship with media - PSA's What Content?
 - Medicines – they have benefits and drawbacks
 - Real life stories
 - Empowerment messages for kids (why do they self medicate)
 - Scientific – credible risk messages
 - Eliminate mixed messages
 - How to motivate people to use, read, receive information
 - Unified voice/consistent message from various resources – Who delivers message?
 - Character Counts
 - DARE
 - Faith Community
 - Mentoring programs
 - Community Coalitions
- Legislation
 - Schedule V
 - Risks – privacy/profiling, chill effect on truly needy patients
 - Pharmacy: Stings, showing ID, Inspections
 - Resources for providers to: 1) prove and 2) follow-through with abuse suspicions
- Internet
 - Positive Spam (counter-strategy)
 - Pros/Cons
- Integrating current drug databases

ACTIONS TO TAKE NOW

- Get the debate going
 - Media, Letters to Editor Campaigns
 - Congressional efforts to address Internet
 - Schedule V anti-meth efforts
 - Virginia anti-spamming law
 - Fed/State/Local cooperation; consistent message with enforcement power
- Raise awareness
 - Come up with credible, research-based, and consistent (get marketing professionals involved)

Attachment A

- Tailor them to the audience – physicians, parents, kids, schools, etc – use what works in getting the “bad” message out
- Format – distribute pamphlets in collaboration with pharmacists, make it a mandatory part of school curriculum
- Provide effective actions adults can take
- Unite various groups in effort – coalitions, DARE, mentoring groups, schools, faith community, Character Counts, etc.
- Utilize private companies resources to fund, support efforts – Develop these relationships

Group 2:

PRIMARY INTERVENTIONS

- Educating educators (define educator very broadly)
- Monitor/control shipping (of medications purchased via the Internet)
- Educate shippers and encourage proactive involvement
- Make it easy for shipping companies to be partners
- Create a pharmacy database
- Consumer empowerment
- Identify existing data sources
- Get medical community to speak out
- Control media advertising messages and spam
- Internet aspects of drug availability – international

ACTIONS TO TAKE NOW

- Involve medical community (from ODCP information)
- Letters to the editor/journals
- Include broad range of health professionals
- Grassroots networks of providers and community
- Establish pilot projects
- Retain a small task force to implement and monitor issue
- Encourage implementation of Drug-Free Workplace programs
- Electronic prescription drug monitoring program (confidentiality)
- Engage parents (are there coalitions that have found ways to engage parents?)

Group 3:

PRIMARY INTERVENTIONS

- Emphasize negative uses (of prescription and OTC drugs)
- Realistic representation of long-term use
- Kids think they are invincible – impress upon them that they aren't
- Use all (CSAP) prevention strategies simultaneously and consistently
- Use rewards
- Regulate Internet
- Screen for co-morbid conditions – endogenous and exogenous

Attachment A

- Re-evaluate pain management specialty to assure competence

ACTIONS TO TAKE NOW

- Educate ALL health care stakeholders
- Develop consistent messages
- Require mandatory continuing education for license renewal (medical professionals)
- Advocacy
- Public policy
- Increase awareness of unintentional abuse by senior citizens – growing number of newly retired adults becoming dependent on alcohol/drugs
- Offer “lunch and learn” programs for seniors
- Study nature and extent of problem
- Look for best practices in other states – localities – and emulate them – lobby Congress if none
- Encourage awareness
 - Modify parental control of Internet to allow blocking of Internet drug sites
 - Parents need to know about, and monitor, credit card use by children to make Internet purchases

Tom Hedrick – PDFA – Input

Immediate Intervention:

Public Health “Alert” about OTC/RX abuse

1. Pharmacy database for doctors and pharmacists
2. Alerts to doctors, pharmacists, healthcare providers and to parent groups and the media
3. Develop information/resource center (basic information and suggestions) – interactive, brochure, toll-free phone number
4. Develop information/research base – 2006 state prevalence study (spring 2006)
5. Establish working group to lead and advise

Attachment B

Prescription and Over-the-Counter Drug Abuse Roundtable Participant List

Sandy Nelson	Iowa Medical Society
Ann Diehl	Iowa Nurse Practitioner Society
Dennis Weis, M.D.	Powell Chemical Dependency Center
Ken Carter	Iowa Division of Narcotics Enforcement
Donna Anthony	Office of Senator Tom Harkin
Aaron McKay	Office of Senator Charles Grassley
Melissa Sundberg	Senate Caucus on International Narcotics Control
Al Overbaugh	United States Attorney's Office, Southern District of Iowa
G. Dean Austin	Iowa Department of Public Health
Chuck Cychosz, Ph.D.	Ames Police Department
Dale Andringa, M.D.	Wellmark Blue Cross/Blue Shield
Thomas A. Cox	Drug Enforcement Administration
Frank Severino	Polk County Medical Association/Iowa Dental Association/Iowa Osteopathic Association
Liddy Hora	Fort Dodge Drug Free Alliance
Linda Kahlin, R.N.	Iowa Statewide Poison Control Center
Lorinda Inman	Iowa Board of Nursing
Erika Anderson	Eide and Heisinger, Lobby and Government Relations
Judy Poston	U.S. Department of Justice, Bureau of Justice Assistance
Jerry Karbeling	Iowa Pharmacy Association
Lloyd Jessen	Iowa Board of Pharmacy
Terry Witkowski	Iowa Board of Pharmacy
Art Schut	Mid Eastern Council on Chemical Abuse
DeeAnn Argo	Iowa Board of Dental Examiners
Phil McCollum	Iowa Board of Dental Examiners
Charlotte Burt	Iowa Department of Education
Ardis Glace	Iowa Substance Abuse Program Director's Association
Stephan Arndt, Ph.D.	Iowa Consortium on Substance Abuse Research and Evaluation
Tony Leys	Des Moines Register
Barry Spear	Iowa Health System
Tom Hedrick	Partnership for a Drug-Free America
Marvin Van Haaften	Iowa Governor's Office of Drug Control Policy
Dale Woolery	Iowa Governor's Office of Drug Control Policy
Becky Swift	Iowa Governor's Office of Drug Control Policy